

STATE OF MAINE

DISTRICT COURT

Location \_\_\_\_\_

Docket No. \_\_\_\_\_

IN RE:

CHILD PROTECTION  
FINANCIAL AFFIDAVIT

(If more space is needed, attach additional sheets.)

**CHILD(REN) WHO ARE THE SUBJECT OF THIS PROCEEDING:**

Name of Child(ren):

Relationship to Applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

**SS Number Disclosure Required on separate form**

Marital Status  single  married  divorced  separated  widowed  
I live  alone  with spouse  with partner  with parent  with friend  homeless

**INCOME:**

1. EMPLOYMENT

a. Where do you work? (list employer name/address/telephone number) \_\_\_\_\_

b. Length of time employed: \_\_\_\_\_  Full time  Part time  Seasonal

c. If not currently employed, when and where were you last employed? \_\_\_\_\_

d. Do you anticipate being employed or having other income within the near future?  yes  no

If yes, explain \_\_\_\_\_

2. ANNUAL INCOME Last year: \_\_\_\_\_ Anticipated this year: \_\_\_\_\_

3. MONTHLY/WEEKLY INCOME

a. Salary and wages (gross pay) \$ \_\_\_\_\_ per \_\_\_\_\_

b. Unemployment \$ \_\_\_\_\_ per week

c. Social Security \$ \_\_\_\_\_ per month

d. TANF (AFDC) \$ \_\_\_\_\_ per month

e. Alimony/child support \$ \_\_\_\_\_ per \_\_\_\_\_

f. Other income (pension/workers' comp/interest/dividends/rental etc.)

\$ \_\_\_\_\_ per \_\_\_\_\_

Do you receive fringe benefits such as meal allowance or use of a car?  yes  no

If yes, describe \_\_\_\_\_

Do you receive any other kind of pay or compensation not included above?  yes  no

If yes, describe \_\_\_\_\_

The following deductions come out of my pay in addition to taxes: (Give amounts)

Child support \_\_\_\_\_ Debt payments \_\_\_\_\_ Insurance \_\_\_\_\_ Other \_\_\_\_\_

4. Do you expect to receive any payments such as retroactive government benefits, tax refunds, settlements, etc?

yes  no If yes, describe \_\_\_\_\_

5. Does anyone owe you money?  yes  no If yes, describe \_\_\_\_\_

**ASSETS AND DEBTS**

1. Assets (Give current values)

Real estate \_\_\_\_\_ Car/truck \_\_\_\_\_ Boat/rec. vehicles \_\_\_\_\_

Bank accounts \_\_\_\_\_ Pension \_\_\_\_\_ Securities \_\_\_\_\_

Any other item worth over \$50 \_\_\_\_\_

2. Debts

Mortgage balance \_\_\_\_\_ Monthly payment \_\_\_\_\_

Loan balances \_\_\_\_\_ Monthly payment \_\_\_\_\_

Credit card debts \_\_\_\_\_ Monthly payment \_\_\_\_\_

**DEPENDENTS**

Children (give names and dates of birth) \_\_\_\_\_

The children live with  me  other parent  other  some with me/some with others

I pay support of : \_\_\_\_\_ per \_\_\_\_\_ for \_\_\_\_\_

Total child support paid last year \_\_\_\_\_; this year to date \_\_\_\_\_

Do you have other dependents? If so, list: \_\_\_\_\_

Does anyone provide you with support? (Spouse/partner/parent, etc.)  yes  no If yes, identify: \_\_\_\_\_

**CHILD RELATED COSTS**

Cost of health insurance for children \_\_\_\_\_

(To determine this amount, deduct the cost of insurance for yourself from the cost for the family.)

Weekly child care costs so you can work or train to work \_\_\_\_\_

Do any of your children have regular recurring medical expenses? (for example, asthma medication)

yes  no If yes, give details and amount \_\_\_\_\_

**OTHER**

Describe any other facts you believe are important to understand your financial situation.

ON MY OATH, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS AFFIDAVIT IS TRUE AND INCLUDES ALL OF MY INCOME, ASSETS AND DEBTS.

Date: \_\_\_\_\_

Signature

Subscribed and sworn to before me:

Date: \_\_\_\_\_

(Attorney)(Notary)(Deputy Clerk)

Based on review of the parent's financial circumstances, including an interview with the parent, I make the following recommendation:

Eligible  Not eligible  Partially eligible \$ \_\_\_\_\_

RECOMMENDATION: \_\_\_\_\_

Date:

Screener: